Application for Certification Renewal

Drinking Water Treatment, Drinking Water Distribution and Wastewater Treatment

1/105 thru 6/30/05 6/30/05 1/1/06 thru 6/30/06 6/30/06 6/30/06 5		For two-year period s	starting June 30, 2005	For two-year period starting June 30, 2006				, 2006	
Drinking Water Treatment (DW Classes II.A, III.A, III.A, IV.A, III.B & IV.B) Drinking Water Distribution (DW Classes I.D, II.D, III.D & IV.D) (DW Classes I.D, II.D, III.D & IV.D) (DW Classes I.D, II.D, III.D & IV.D) Wastewater (WW Classes I.AD, I.BD). Wastewater (WW Classes I.AD, I.BD). Limited Drinking Water Treatment & Water Distribution (DW Classes I.AD, II.BD). Wastewater (WW Classes I.AD, II.BD). Limited Drinking Water Wastewater Wastewater Wastewater Wastewater Wastewater United Consider of the Control of Compliance Assistance, Operator Swith Limited Consider of Compliance Assistance, Operator Certification Program, 14 Reil Frankfort, Kentucky 40601. Agency Interest Number: (on wallet early Name (last, first, middle): Home Address (PO Box #, house #, street name, city, state, zip code): Daytime Phone #: Eraci: List systems &/or facilities for which you serve as the certified operator (only lists those you have added since last updating Operator Certification staff): System &/or Facility Name County PWSID # or KPDES # Phone # Check box if continued on a supplemental sheet List completed "Board Approved" training hours to be used for this renewal (must have been carned during period allower regulation, i.e., 401KAR\$:010 for wastewater and 401KAR\$:030 for drinking water): List completed "Board Approved" training hours to be used for this renewal (must have been carned during period allower regulation, i.e., 401KAR\$:010 for wastewater and 401KAR\$:030 for drinking water): List completed "Board Approved" training hours to be used for this renewal (must have been carned during period allower regulation, i.e., 401KAR\$:010 for wastewater and 401KAR\$:030 for drinking water): List was the control of the cont	Certification Type								
Drinking Water Distribution (DW Classes I-D, II-D, III-D & IV-D). Combination Drinking Water Treatment & Water Distribution (DW Classes I-D, II-BD). Wastewater (WW Classes I-AD, I-BD, II-BD). Wastewater (WW Classes I, II, III & IV) Limited	(DW Classes II-A, III-A, IV-A,		0.50.00			0700			
Combination Drinking Water Distribution (DW Classes I- AD, I-BD, II-BD). Wastewater (WW Classes I, II, III & \$35.00	Drinking Water Distribution (DW Classes I-D, II-D, III-D &			,	\$35.00		\$70	.00	
Limited	Combination Drinking Water Treatment & Water Distribution (DW Classes I- AD, I-BD, II-BD).				\$35.00		\$70	.00	
Drinking Water		\$35.00	\$70.00						
Treasurer and mailed or delivered to the Division of Compliance Assistance, Operator Certification Program, 14 Reil Frankfort, Kentucky 40601. Agency Interest Number:	Drinking Water	must be renewed a	annually by December 3	31st at a fe	e of \$20.0	00. Ope			
Home Address (PO Box #, house #, street name, city, state, zip code): Daytime Phone #: FAX #: Email: List systems &/or facilities for which you serve as the certified operator (only lists those you have added since last updating Operator Certification staff): System &/or Facility Name County PWSID # or KPDES # Phone # Check box if continued on a supplemental sheet List completed "Board Approved" training hours to be used for this renewal (must have been earned during period allowed regulation, i.e., 401KAR5:010 for wastewater and 401KAR8:030 for drinking water): Course Code (Available from DCA or the vendor) Training Course Title Sponsor or Presenter Date Hours Earned DW WW Non-Process Non-Process	Treasurer and mailed or deliv Frankfort, Kentucky 40601. Agency Interest Number: (on wallet card)		Compliance Assistance Certification Type 8	ce, Opera	itor Čert	tificatio	n Progra	nm, 14 Re	eilly R
Daytime Phone #: FAX #: Email: List systems &/or facilities for which you serve as the certified operator (only lists those you have added since last updating Operator Certification staff): System &/or Facility Name									_
List systems &/or facilities for which you serve as the certified operator (only lists those you have added since last updating Operator Certification staff): System &/or Facility Name	Home Address (PO Box #, hous	e #, street name, city, sta	ate, zip code):						
Operator Certification staff): System &/or Facility Name	Daytime Phone #:	FAX	#:	Ema	ıil:				
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DCA or the vendor) Process Non-Process I I I I I I I I I I I I I I I I I I					Date	Hours Earned			
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